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| --- |
| STAFF NAME: JOB TITLE: |
| WEEK ENDING WORK PLACE: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  Date |  Day | Start Time | Finish Time | Duration of Break |  Total Hours | Authorised Signatory Name &Designation |
|  | **Monday** |  |  |  |  |  |
|  | **Tuesday** |  |  |  |  |  |
|  | **Wednesday** |  |  |  |  |  |
|  | **Thursday** |  |  |  |  |  |
|  | **Friday** |  |  |  |  |  |
|  | **Saturday** |  |  |  |  |  |
|  | **Sunday** |  |  |  |  |  |

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| --- |
| **PLEASE SELECT AND COMMENTS ON MY PERFORMANCE** |
| **FEEDBACK:** | **EXCELLENT** | **GOOD** | **SATISFACTORY** | **POOR** |
| **COMMUNICATION** |  |  |  |  |
| **SKILLS** |  |  |  |  |
| **APPEARANCE** |  |  |  |  |
| **PUNCTUALITY** |  |  |  |  |
| **COMMENTS:** |

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| --- |
| **OFFICE USE ONLY** |